

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 12/12/2023

Need Date: 01/17/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Krista Ringnes
Phone: x7118
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.01.02 11:09:31 -08'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: CalMHSA
Address: 1601 Arden Way, Ste 175
Sacramento CA 95815
Phone: _____
Org Code: 5320
Project # _____
(if applicable): _____
Funding Source: Mental Health Services Act (MHSA)

CONTRACTING DEPARTMENT: HHSA - Behavioral Health

Service Requested: Review and approve Agreement

Description: CalMHSA Behavioral Health Workforce Participation

Contract Term: Upon execution - 12/31/2027

Contract Value: \$ 305,000.00

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 02/06/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.02.06 09:39:52 -08'00'
Approved: Disapproved: Date: _____ By: _____

with comments as noted in email.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!